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Bib Data Sheet

CONFIRMATION NO. 5273

<b>SERIAL NUMBER</b> 09/940,545	<b>FILING DATE</b> 08/29/2001 <b>RULE</b>	<b>CLASS</b> 623	<b>GROUP ART UNIT</b> 3732	<b>ATTORNEY DOCKET NO.</b> 58772.000004
<b>APPLICANTS</b> Lloyd Wolfinbarger JR., Norfolk, VA; Robert K. O'Leary, Deltaville, VA; Billy G. Anderson, Virginia Beach, VA;				
<b>** CONTINUING DATA *****</b> THIS APPLICATION IS A DIV OF 09/107,459 06/30/1998 PAT 6,293,970 <i>ok</i> <i>ok</i>				
<b>** FOREIGN APPLICATIONS *****</b> <i>none</i> <i>ok</i>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> <b>** 10/11/2001</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <i>OK</i> Examiner's Signature _____ Initials _____		<b>STATE OR COUNTRY</b> VA	<b>SHEETS DRAWING</b>	<b>TOTAL CLAIMS</b> 2
<b>INDEPENDENT CLAIMS</b> 2				
<b>ADDRESS</b> 21967				
<b>TITLE</b> Plasticized bone and soft tissue grafts and methods of making and using same				
<b>FILING FEE RECEIVED</b> 355	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	